

601 NORTH SEVENTH STREET, MS 396  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320  
(916) 324-8819



## 1. SUBJECT

Name of REHS and Registration Number, if known

Street Address

City, State, Zip Code

Work Telephone

FAX Number

Home Telephone

E-mail Address

## 2. COMPLAINANT (Person filing complaint)

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Your Name \_\_\_\_\_

Street Address

City, State, Zip Code

Work Phone

FAX Number

Home Telephone

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E-mail Address

**3. SUBJECT PROPERTY ADDRESS** (if different from answer # 2) and/or description of property location. Include city and/or county.

**4. DESCRIBE YOUR COMPLAINT:** Be specific. What happened? Who else is involved (names, addresses, phone numbers)? City or county? Give dates and details. Include copies of plans, maps, contracts, etc. If there is no written contract, write down the details of the agreement. (Attach extra pages as required – be as complete as possible.)

**PLEASE COMPLETE QUESTION #5 AND SIGN THE DECLARATION ON THE NEXT PAGE.**

**5. WHAT DO YOU WANT THE DEPARTMENT TO ACCOMPLISH IN RESOLVING YOUR COMPLAINT?**

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**6. DECLARATION**

I declare, under penalty of perjury, that the information contained in this complaint, including any attached pages, is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_